

# WOMEN PHYSICIANS OF THE WORLD

**autobiographies of medical pioneers**

Editor

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## Agnes K. Moffat

*b. January 11, 1905*

I was born in 1905 in the village of Weston, then a suburb of Toronto but quite an independent municipality, politically and socially.

My father Frederick William Moffat with his father Thomas Lang, four brothers and one sister, and mother Elizabeth King emigrated from Scotland to Canada when my father was ten years of age. My grandfather had been a master metal molder in Scotland and on reaching Canada set up his own foundry in Ontario, producing propellers for Great Lakes ships. From this he progressed to the manufacture of wood and coal, then gas, and finally, electric stoves, exporting to all corners of the earth.

My mother Janet Catherine, née McNish, was born in southeastern Ontario. She was one of ten children, and her father was a farmer, second generation in Canada from Britain. She graduated from the local primary and secondary schools and completed her education in Toronto at the School of Pedagogy. Her second teaching position brought her to Weston, where she met my father through their affiliation with the local Presbyterian church. Both of them were dedicated church people.

When I arrived on the scene, I already had two brothers; then, in sixteen months, I had another brother and seven years later my only sister.

Our family life was centered around the home, the church, and the family business. Mine was not a politically or professionally oriented background but one based on hard work and dedication in both business and religion. Family prayers were said three times a day, and Sundays were devoted entirely to church services. Naturally, our outlook on the world was colored by our way of life and interests. The only extraneous insights came from our close association with church missionaries in foreign lands, such as India, China, Africa, and so on.

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These men and women were frequent visitors in our home, and they often made use of Moffat holiday cottages on furloughs.

My father was a very moral man with fine principles, a strict Scottish Presbyterian with definite ideas regarding discipline. He was an elder in our church for as long as I can remember and superintendent of the Sunday school for over twenty years.

Although individually and as a group our family spent little time socializing outside the home and church, we were active and industrious within the family group, each doing his or her "thing." Little time was spent lazily relaxing or idly communicating with one another. My father was a most inventive and industrious person. He spent many hours in his workshops at home, creating in metal and wood or in photography or printing. We children learned early to use tools, to repair our own bicycles, to print our own photographs, to set type for our printing press, and so forth. This drive to create and produce has followed me throughout my life, and I think some of the latent drives of my husband were kindled in these directions by contact with me and my father. My husband, like my father, had superabundant energy, and these outlets brought a wonderful balance to his professional life. I have always admired men with great energy, originality, and self-confidence. These I found in my father and later in my husband.

My mother too was interested in church work and was president of the Women's Missionary Society for many years. Her interest in education brought her the distinction of being the first woman on our local Board of Education. She was a fine public speaker and was a great help to my father in many ways. But their strict discipline and seeming intolerance prevented their children from enjoying some of the pleasures of childhood and "growing up" that others seemed to have. My parents' restrictions were so severe that my second brother ran away from home at sixteen years of age to join the Royal Canadian Mounted Police, and I at a later age threatened to do the same unless I could go away to a university in some community other than Toronto. Fortunately, with time these differences disappeared and I had the greatest affection and admiration for my parents.

I have few recollections of my preschool and elementary-school years. Of course, there were no nursery schools and kindergartens at that time; one started formal education at seven years of age. My memories are centered around extracurricular activities.

By the time I entered secondary school, my younger brother Fred who had been promoted beyond his class, joined me, so the two of us continued together until the end of high school. These years were mentally stimulating, especially since we were able to skip a year, and the challenge of "keeping up" was good for us. I enjoyed mathematics, ancient history, Latin, and biology most. Our homework hours together were well arranged, and we became fast friends. Social life, apart from that centered around the church, was limited—or prohibited. Social contact with the church missionaries was frequent during this period, especially over the summer holiday months in the lake district. I found one



missionary, a medical doctor, particularly interesting. His hospital was in India, and to me he was the kindest and most human of all the missionaries. He had a natural gift for storytelling. This, combined with his soft, flowing words as he described exciting incidents in medical practice in India among the poor and the maharajahs, had considerable effect on me. What a fascinating life and yet at the same time one that involved helping people! This was my first insight into the satisfaction, fulfillment, and gratification that come with the practice of medicine.

When it came time to apply for university studies, my brother Fred did not hesitate to sign up for medicine at the University of Toronto. I held back a bit because of the length of the course. During this period of indecision some pressure was exerted on me and my parents by friends who felt a diploma course in physical education would be a "fine thing" for someone like me. I had never before seen a real gymnasium with parallel bars, traveling rings, vaulting horses, and so on, but I succumbed to the suggestion and graduated two years later with the General Proficiency Medal. When this training was completed, I felt somewhat stranded in thinking of my future. I asked myself several questions: Is this the end of my formal education, even though my parents can support me financially in any course? Do I want to—and will I be able physically to—teach physical education all my life? Do I still want medicine? What other courses are available to women? What will bring me the greatest gratification and sense of fulfillment of duty? What would satisfy my longing to be part of the world, helping people? What would be most challenging to me, as a woman? So, in spite of having rejected medicine earlier, I ended up in favor of it.

Just at this time my brother Fred (having finished his second year in medicine) was killed in a car accident on his return from a visit to see our mother in the hospital. He had been trying to persuade her to allow me to go away from home for my university training. His death was a tragedy for me, as well as for my parents. He had been my confidant and support in the family. I was devastated, and I couldn't communicate with the rest of the family. Living at home would have been impossible without Fred.

Queen's University in Ontario would not accept women, and there were no medical departments in the newer Ontario universities. So I decided on McGill University in Montreal. I was accepted, and I entered the second premedical year in 1925—one of 2 women in a class of 125. Once I was on my way, the years flew by.

There was little time for social life or school activities at McGill at that time, for long laboratory hours kept us from joining the various groups of women arts students. However, I did manage to play on the hockey team and become a charter member of the Delta Gamma sorority. Through the latter society I met a student of exceptional qualities, and she has been my closest and dearest friend ever since. A busy career and family life do not allow time or opportunity for the cultivation and nurturing of many friends, but throughout these many years this special friendship has given me the greatest comfort and support in times of grief and worry and genuine joy in periods of relaxation.

Margaret  
Eaton  
School



On graduation from McGill in 1931, I was accepted (as one of two women interns) at the Toronto General Hospital for one year only, on a general rotation service. It was here I met a senior intern, Dr. Magee, whom I married in 1933. I made many lifelong friends at "the General" among the interns, residents, and junior staff. I think it was the happiest year of my life. Of course, I was in love!

At the close of this first year of junior internship I was anxious to get a senior internship in obstetrics. However, senior positions were not handed out to women, so I reluctantly left Toronto for the United States and the Children's Hospital of Michigan in Detroit. A few months before the year was up, I left Detroit and became first resident at St. Joseph's Hospital in Guelph, Ontario. This was an excellent introduction into general practice.

With the permission of the professor of surgery at Toronto General Hospital, Dr. Magee and I were married in September of 1933, although he had one more year to finish his surgical course. In those days there were no living quarters and no salaries for married interns and residents (an honorarium of twenty-five dollars was given each month). However, we managed to find some upstairs rooms near the hospital, and there I set up a part-time office and part-time home for the two of us. I did outpatient work at the Women's College Hospital one afternoon a week, but my major endeavor was at the Banting Institute, where I was working in pathological chemistry toward my M.A. degree.

When the year was up and I had my M.A. and Dr. Magee had finished his surgical course, we went to London, specifically so that my husband could study for his F.R.C.S., there being no such advanced degree in surgery in Canada at that time. I was to do and see what work I could in the various hospitals. We both had dozens of letters of introduction to the English medical and surgical elite, but those from Sir Frederick Banting drew the greatest attention. We both were fortunate that for seven to eight months of the year the hospitals in which we were residents were nearby. Many, many strange and wonderful things happened to us and our Canadian medical friends during those two years.

The socially and medically stimulating highlights while in London included an invitation to the theater from Dr. Maude Abbott and Dr. Paul Dudley White; meeting Dr. Frederick Banting unexpectedly in a bookstore, having dinner with him, and hearing of his recent trip to Russia and his visit with Pavlov; an invitation from my chief Dr. Eric Pritchard to attend a dinner meeting of the Preposterous Club (*pre* for prenatal and *post* for postnatal), which included the highest-ranking obstetricians and pediatricians in London.

Returning to Canada a few months before my husband, I set up an office in Toronto and did outpatient work at the Women's College Hospital. When Dr. Magee returned to Canada with his F.R.C.S., since there were no worthwhile university openings available, we approached the Standard Medical and Surgical Clinic of Peterborough, the first partnership clinic in Canada. After personal interviews with the board of the clinic, Dr. Magee was accepted as a junior surgeon at \$1500 a year, and on second consideration they decided that they would take me, too—on approval for one year, at \$1000—to help in the pediatric practice and also do some work with women and anesthesia. This delighted both



of us tremendously, for we were keen and anxious to work and show our worth to the group.

We were on call twenty-four hours a day. Office hours were six days a week, with a special Saturday-evening period for farmers coming in to shop. On Sunday afternoons each took a turn for two hours, refilling prescriptions and treating emergencies. It was during these hours that I really learned my pharmacology, getting to know the explosive and coagulating mixtures, discovering how to smooth out ointments, and so on. Drugs that were only names to me in medical school, I could now see and handle—and never forget.

When we moved to Peterborough in November of 1936, we went into the first real apartment building in town. Ours was a small one-bedroom apartment (fifty dollars a month), but the Murphy bed in the living room rested many medical conferees, the most illustrious being Dr. Maude Abbott when she came to Peterborough to speak to the first open meeting of our new University Women's Club; her topic: "Sir William Osler."

My husband and I were formally admitted to the staff of both hospitals. I continued to be the only woman in practice in Peterborough until after the war, in 1947, when Dr. Nancy Chenoweth, at the age of seventy, came to Peterborough to practice with her son Dr. Rodger Chenoweth.

The early years of our practice in Peterborough were during the depression. Then World War II followed, so one can imagine the frustrations, work, and worry of those days. I was the only woman among nine men in our group, several of whom were ready to retire. We all worked hard, day and night. There were many house calls, and we looked after many of the minor surgical cases in our own surgery, since no such thing as the modern hospital emergency units existed. There was no telephone answering service, but Dr. Magee and I offered to install a second line in our home, to answer clinic calls on nights and Sundays. These were the days of unsophisticated anesthesia methods: open chloroform, open ether, semiclosed ether, nitrous oxide, and oxygen with an old McKesson machine. Pentothal was not yet generally accepted. Dr. Magee and I had brought the first to be used in Canada. Spinal anesthetics were popular at that time. And in the delivery rooms the anesthetic, usually open-drop ether, was dispensed by the nurse in charge. Imagine the responsibility of those in charge when there was a retained placenta or a premature baby or twins!

Dr. Magee joined the R.C.A.M.C. in 1942, went overseas, and returned in 1946. Those of us at home were truly overworked. I was doing all the pediatrics, all the anesthesia, helping in obstetrics, and carrying on with office gynecology, making four to eight house calls a day and often serving as an ambulance. We had to be courageous, resourceful, and untiring.

Following the war there was an increasing influx of doctors into this locality, and the ratio of women to men increased from 1 woman to 28 men in 1936 to 16 women to 120 men in 1975.

My practice had been so heavy and so diversified for the first ten to fifteen years that, with the return of our medical men from the war, I was glad to hand over my obstetrical cases to Dr. J. C. C. Dawson (who later became president of



the Ontario Medical Association and then registrar of the College of Physicians and Surgeons of Ontario) and my pediatric cases to Dr. Ross Matthews (later president of the Ontario Medical Association and Canadian Medical Association). Now I was able to concentrate on anesthesia and continue my office practice, chiefly gynecological, with women.

I had two prewar children (taking four to five weeks off duty for each) and two postwar, adopted children (whom I delivered myself and took into my home without any time off from my practice). The loss of our prewar son at the age of six and a half from cancer was a great tragedy. It was following this that my husband and I became so interested and active in our Canadian Cancer Society and Research Foundation.

When I look back on my forty years of combined practice and marriage, I must confess that in my most romantic imaginings I could never have envisioned a life granting me so much. I had evidently chosen the best profession for personal and career fulfillment and the ideal husband for love, understanding, and companionship. Working side by side with him in our offices, in the operating rooms, sharing our worries and problems, encouraging and inspiring each other, knowing and admiring the other's work, created a bond of unusual strength. Traveling together for pleasure and to congresses, enjoying winter and summer sports alone and with the children, cemented this union.

I was constantly being reminded by my husband that his love for me was enhanced by his admiration of my continuing to practice. This encouragement, support, and closeness formed the greatest driving force outside my inherited love of action and urge to excel.

I practiced full time until 1972, when Dr. Magee's health was failing. After a total gastrectomy in 1969 his health had declined. While in Durban, South Africa, attending an international orthopedic congress, he had developed an intestinal obstruction, and we had flown home to Canada. He died a month later, in November of 1972. I was devastated. In March of 1973, at the age of sixty-eight, I resigned from anesthesia in the two hospitals.

Surfacing after this catastrophe, although I had known it was inevitable, was a long, lonely, and grief-strewn journey. A new life style has had to be created. No part-time anesthesia was available in the hospitals, and my office had been taken over during the last year my husband was alive. My youngest child had left the nest. But I am gradually finding my level and branching out into other fields, some allied to medicine and others to my hobbies. Life memberships in several medical associations provide easy access to medical interests.

I shall always hold my association with medical women at home and abroad close to my heart, and I hope to renew some of those acquaintances in Hamburg in 1978. I hold in great esteem the medical women I have met in my many travels. They have always been an inspiration and a joy to know. So I have no regrets about the profession I chose, which helped fill my life with wonderful memories—and will no doubt create more for the future.





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